



Key Differences	HMO* Base	HMO* Mid-Level	HMO* Premium	EPO Premium	PPO Traditional	EPO KCMO Custom Plan		EPO SPIRA CARE
Network	Blue-Care	Blue-Care	Blue-Care	BlueSelect Plus	Preferred-Care Blue	St. Luke’s + BlueSelect Plus		BlueSelect Plus
HSA Eligible?	NO	NO	NO	NO	NO	NO		NO
						Level 1 St. Luke’s	Level 2 BSP and BlueCard	
Deductible <i>(Deductible is Calendar Year 1/1-12/31)</i>	N/A	N/A	N/A	N/A	\$500 individual / \$1,000 fam	N/A	N/A	\$1,000 indiv/ \$2,000 fam
Coinsurance	N/A	N/A	N/A	N/A	Member pay: 10% BC pay: 90%	N/A	N/A	Member pay: 0% BC pay: 100%
Out-of-Pocket Maximum <i>(OOP is Calendar Year 1/1-12/31)</i>	N/A	N/A	N/A	\$3,500 individual /\$7,000 fam <i>(copays apply to OOPM)</i>	\$2,500 individual / \$5,000 fam <i>(copays do not apply to OOPM)</i>	\$3,000 individual / \$6,000 fam <i>(copays apply to OOPM)</i>	\$4,000 individual / \$8,000 fam <i>(copays apply to OOPM)</i>	\$1,000 individual / \$2,000 fam <i>(copays apply to OOPM)</i>
Office Visits	PCP: \$30 Specialist: \$60	PCP: \$20 Specialist: \$40	PCP: \$15 Specialist: \$30	PCP: \$15 Specialist: \$30	\$20 copay	PCP: \$10 Specialist: \$20	PCP: \$20 Specialist: \$60	SPIRA CARE – \$0 All Others – Deductible then 0%
Preventative Care	100%	100%	100%	100%	100%	100%		100%
Inpatient/ Outpatient Hospital Services	\$500 copay per day/occurrence up to 5 copay maximum	\$300 copay per day/occurrence up to 5 copay maximum	\$100 copay per day/occurrence up to 5 copay maximum	\$100 copay per day/occurrence up to 5 copay maximum	Deductible then 10%	\$100 copay per day/occurrence 5 copay maximum	\$300 copay per day/occurrence 5 copay maximum	Deductible then 0%
MRI’s, PET, CT scans etc.	\$150 copay	\$150 copay	\$150 copay	\$150 copay	Deductible then 10%	\$150 copay		Deductible then 0%
Urgent Care	\$50 copay	\$30 copay	\$20 copay	\$20 copay	\$20 copay	\$15 copay	\$50 copay	SPIRA CARE – \$0 All Others – Deductible then 0%
Vision Care	\$10 copay	\$10 copay	\$10 copay	\$10 copay	Not Covered	\$10 copay	\$10 copay	Deductible then 0%
Emergency Room	\$175 copay copay waived if admitted	\$175 copay copay waived if admitted	\$175 copay copay waived if admitted	\$175 copay copay waived if admitted	\$175 copay + Ded. +10% copay waived if admitted	\$175 copay copay waived if admitted		Deductible then 0%
Prescription Drugs	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120	Retail: \$12/35/60 Mail Order: \$24/70/120		Retail: \$15/50/Ded. Mail Order: \$15/125/ Deductible

*Only Emergency Services are covered outside of the Blue KC 32 county coverage area. Non-emergency services are not covered.

In-Network Hospitals

Hospital Name	HMO Blue-Care (in-network only)	EPO Premium BlueSelect Plus (in-network only)	PPO Preferred-Care Blue Traditional (in and out of network)	EPO KCMO Custom Plan St. Luke's & BlueSelect Plus (in-network only)	EPO BlueSelect Plus SPIRA CARE (in-network only)
Cameron Regional Medical Center	YES	YES	YES	YES: Level 2	YES
Center Point Medical Center	YES	NO	YES	NO	NO
Children's Mercy Hospitals	YES	YES	YES	YES: Level 2	YES
KU Medical Center	YES	YES	YES	YES: Level 2	YES
Lee's Summit Hospital	YES	NO	YES	NO	NO
Liberty Hospital	YES	YES	YES	YES Level 2	YES
Menorah Medical Center	YES	NO	YES	NO	NO
North Kansas City Hospital	YES	YES	YES	YES: Level 2	YES
Olathe Medical Center	YES	YES	YES	YES: Level 2	YES
Overland Park Regional	YES	NO	YES	NO	NO
Providence Medical Center	YES	NO	YES	NO	NO
Research Medical Center	YES	NO	YES	NO	NO
AdventHealth (Shawnee Mission Medical Center)	YES	YES	YES	YES: Level 2	YES
St. Joseph Medical Center	YES	NO	NO	NO	NO
St. Luke's (All Locations)	NO	NO	YES	YES: Level 1	NO
St. Mary's Medical Center	YES	NO	NO	NO	NO
Truman Medical Center (Hospital Hill and Lee's Summit)	YES	YES	YES	YES: Level 2	YES